INFORMATION SYSTEMS ADVISORY COMMITTEE
Alaska Native Tribal Health Consortium
Anchorage, Alaska
August 22-23, 2000
8:30 a.m.- 5 p.m.

Committee members participating:

Keith Longie, Co-Chair, IHS, Phoenix
Don Kashevaroff, Co-Chair, Seldovia Village Tribe
Richard Church, CIO, IHS Headquarters East
Mike Danielson, IHS, Billings
Floyd Dennis, IHS, Nashville Area
Susie John, IHS, Tuba City
E. Crispin Kinney, IHS Headquarters East
Dawn McCusker, Great Lakes Inter-Tribal Council
Jerry Shanks, IHS, Claremore
Ron Wood, Executive Officer, IHS, Navajo Area
Jaloo Zelonis, Nurse Consultant, IHS, National
  Clinical Councils

Committee members absent:

Molin Malicay, Sonoma County Indian Health
Diane Montella, Tribal, Clinician
Jim Roberts, National Indian Health Board

Additional participants:

Dan Aiken, Management Analyst, IHS
  Headquarters East
Bob Beneke, Sup. Computer Spec., Aberdeen Area
Dan Cameron, Oklahoma Area
Kay Culbertson (representing Robert Hall, National
  Council of Urban Indian Health)
Ruth Gallo-Paul, Site Manager, Puyallup Tribal
  Health Authority (representing Carolyn Johnson,
  IHS, Warm Springs)
Karen M. Mitchell, Administrative Support,
  ANTHC
Russ Pittman, Dir. of ITSC, IHS Albuquerque Area
Roland Tanner, Acting Director, DIRM, IHS, Phoenix

Tuesday, August 22, 2000

The meeting was called to order at 8:45 a.m.

MINUTES / AGENDA APPROVAL

Information Systems Advisory Committee (ISAC) members reviewed the minutes from the May 23-24, 2000 meeting. Question noted regarding the Software Licensing section of the minutes.

MOTION: by Co-Chair Don Kashevaroff to approve the amended May 23-24, 2000, meeting minutes. Seconded by Co-Chair Keith Longie. Motion passed.

Review of the August 22-23, 2000 meeting agenda and scheduled campus tours. Agenda revisions included:

- Russ Pittman to present portions of the telemedicine discussion in Mark Thomas's absence, with a focus on the complexities of and funding for telemedicine; an AFHCAN staff member will present information as well.
- ISAC Work Plan was added to the second day.

STANDING REPORTS

Membership of ISAC   *ISAC Co-Chairs*

Discussion of ISAC membership in regard to "visitor" participation at meetings and if a charter revision is needed for their participation. Co-Chair Keith Longie stated that ISAC's Charter is specific in terms of membership—broad consensus base group (reference to ISAC Charter). Noted that one way to address visitor participation is to provide an annual opportunity for the different specialty groups to influence policy. Comment made that ISAC is already large and membership needs to be limited to keep the meeting structure manageable. Agreed that a charter revision is not needed and that a mechanism will be established for visitor participation.

Follow-up required: Co-Chair Keith Longie will send a memo to the different groups outlining how items can be brought to ISAC's attention. This process will be included in the ISAC Work Plan as well.

Terms of Office   *ISAC Co-Chairs*

Discussion of ISAC membership terms of office. Recommendation made that ISAC adopt a fixed date option for terms of office. Question regarding newly appointed members—new members can be re-appointed for membership once their term has ended.

MOTION: by Ron Wood for ISAC to adopt the fixed date option for renewal of ISAC membership and that there should be flexibility in renewing membership. Seconded by Susie John. Motion passed.

Final Charter Review   *ISAC Co-Chairs*

Prior to the meeting, Co-Chair Keith Longie distributed the ISAC Charter (PDF file) to committee members for review and input. Changes made to the Charter were mainly grammatical. Christy Locust (Tayrien) will work on finalizing the document, with following submission to Headquarters for formal approval.

ITSC Update   *Russ Pittman*

Russ Pittman distributed a handout titled, "IHS Project Status Information Presentation," to ISAC members for review. Highlight of discussions included:

- Envoy: Numerous sites are requesting to participate in Envoy. Currently, Gallup is up and running; Tucson is not. Work is being done on the deployment approach—two phases, getting the current system deployable and then making the whole interface an RPMS patch. Envoy currently sends three PCs to the site to run their Veriquest and DSS products. These will not be needed in the future when the RPMS patch. A question was raised regarding the eligibility checking process. Per Russ, this can be done under both phases of the system. DIR intends to move forward with Envoy, but stated that cost for immediately developing parallel systems (COTS and RPMS electronic transmission) is a concern. RPMS will eventually have these capabilities due to HIPAA requirements. Russ stated that he would like a reassurance from ISAC that Envoy is still within ISAC's priorities/work plan.

- Discussion of OSAP planning and adding positions—Tuba City added 10 positions and Gallup may or may not add positions.

Follow-up required: a recommendation regarding the use of clearinghouses for third-party billing is needed. Dr. Richard Church noted that the Executive Office would need to be involved in this process.

- Pyxis: This software is being used to interface with the Pyxis machines (that vend supplies and pharmaceuticals on the ward or clinic) and will be out in six to eight weeks. Pyxis tracks supplies used and assign the charge to patients for entry into the third-party billing package (previously entered by billers). Pyxis can also dump information into the third-party billing package. Another vendor's equipment that being used is Omnicell.

- Transworld: software development has been completed. The Department of Veterans Affairs (VA) is using this software, with a one-third increase in delinquent revenue. Cost to process claims is $5.00/each. Alpha testing will be conducted in Santa Fe, with a rollout 30 to 60 days later. Noted that many sites have bad debts going back five plus years. The Business Office workgroup will provide a plan is to write off debts more than two years old.

- ILC Custom/PCC Forms: a blanket purchase order has been awarded to ILC. The ILC Custom PCC form captures data well without coding — allowing for point-of-care data entry. DIR will be focusing on the rollout of this option nationwide. Each site will be given a ranking for implementation; i.e., sites need to meet specific criteria—ICD-9 codes currently used for itemized billing (or a superbill in use), NT server, and network printers.

- Security: security has been the most significant issue. The first VPN/firewalls vendor was terminated since all the firewall pieces could not be integrated. Rollout will be completed later this fiscal year. The

ITSC has been able to buy intrusion detection and vulnerability assessment software in addition to the VPN and firewalls. Department of Health and Human Services (DHHS) is buying 30,000 licenses of Tivoli, which will be free for the first year. Tivoli can inventory all the equipment, hard drive use, and upgrades within a service unit (only four out of nine elements can be used with the current vendor contract).

Follow-up required: A recommendation will be made that Areas should use to standardize PC anti-virus software being used. DIR will provide specifications. If possible, DIR should coordinate a national purchase.

- Policy Issue: Due to security concerns, ITSC would like IHS to have only one Internet gateway. There are three national gateways currently—Tucson, Albuquerque, and Headquarters East, which make defending multiple fronts difficult. Noted that level of service is an issue. Traffic needs to be improved by restricting what can be accessed (no access to pornography, gambling sites, and streaming audio or video). Due to concerns about adequate bandwidth, ISAC members wanted multiple gateways that were certified for security by ITSC

Follow-up required: Multiple gateways will be recommended.

- Data Quality: main effort is adding a senior data staff member. Karen Carver was hired in the interim to start work on short-term and long-term projects. Ms. Carver is working on SAS for the Data Center and some other Areas. Noted that Navajo Area testing is moving forward, with three more sites underway—contract health and some other projects. Shared that the Statistics Officers met two weeks ago in Phoenix; six different workgroups were established to address data quality. The Statistics Officer will be reviewing SAS routines. Discussion of running tests with other Areas—conduct strict unduplication to see if there is a drop in user populations. Comment made that another User Population workgroup may be needed—review format, especially confidentiality and disclosure in regard to tribal data. Shared that Medicare eligibility data from Billings was returned to update data—a lot of duplicates. Use of Envoy has improved eligibility.

- Telecommuting: work is being done to implement telecommuting positions since it is becoming more difficult to recruit and retain IT professionals. Discussion of policies in regard to telecommuting; i.e., commissioned officers prohibited from telecommuting. Noted that needs have to be reviewed in relation to conflicts.

- Pharmacy POS Billing: Many states are willing to pay for pharmacy drugs and dispensing fees separately, but the billing must be done electronically. The goal is to change the format to the NCPDP format for drug billing. Portland is using Daytech software to convert their bills to the NCPDP format. Oklahoma will be using NCPDP formats from the ITSC, with testing completed at one of their sites. The Pharmacy PSG met in Phoenix last week. Everyone wants the software; however, contracts are needed with each of the payors. Albuquerque will become the repository for approved contracts. Cookbooks are under development to assist the other Areas as well. Discussion of NCPDP, which is being worked on in regard to HIPPA compliancy. Noted that Envoy HCFA regulations are less rigid—electronic transmissions do not have to meet all HCFA regulations, only a small portion. Direct submissions will need to be HIPPA compliant by November.

- Staffing and Contract: ongoing work for the last eight months to hire management staff—Deputy Director, Supervisor for the CSMT group, Supervisor for the ASDST, a Project Manager and Supervisor for the Developers and Uniband Web Programmers. Suggestion made to share IHS position announcements.

- Caché: a big item for 2001, which will be the new operating system for RPMS. Caché is not supporting MSM under Windows 2000 and does not do some functions; i.e., LAT (communicating with printers) and DDP (sending data between machines). The VA has been using Caché for the past five years. Alaska and Billings are moving forward with Caché. The programming side is relatively easy; implementation will be hard part—getting to all the sites within a specific timeframe. The license conversions have been paid and maintenance has been increased. Cookbooks and teams will be

available to assist with installation and there will be training for site managers and developers. Russ will develop a project plan by September 1 and share with ISAC members.

Follow-up required: Russ Pittman will work on a communications document outlining Caché efforts to the Area and Service Unit Directors. Each project will have a non-technical cookbook as well—Envoy is a third done, Pyxis is done, Pharmacy will be done in eight to nine weeks, and Caché will be done by December.

- <u>$2 Million Increase in Telecommunication/RPMS:</u> the increase will be $1.2 million after tribal shares. Not many requests were submitted for telecommunications or nonrecurring items; no additional requests were received for RPMS. The following budget was developed for telecommunications/RPMS (original list was for 10 items):

Telecommunications expenditures as follows:

Cisco firewalls, routers, VPN, and training	$260,000
(1,000 mobile licenses, training reports)	
SMTP gateway server/anti-virus	90,000
(simple mail transfer protocol, mail check for viruses)	
Streaming video server	8,000
(videoconferencing, training through web)	
Videoconferencing	16,000
Mitretek consulting	30,000
Internet gateway upgrade	120,000
Server upgrade	96,000
TOTAL	$620,000

RPMS expenditures were as follows:

ILC	$150,000
Cimarron-Pyxis (visit work and PCC extract)	52,000
Contractors (pharmacy, lab, EISP)	325,000
Training videos (DVD/CD-rom, web-based)	75,000
Cache conversion – license fees	13,000
TOTAL	$615,000

Question regarding contracts with Mitretek. Noted that there is $300,000 left to provide other services.

- <u>GCPR:</u> the project has been demonstrated to show the ability to move information between systems—Department of Defense (DOD) and VA. The prototype was completed in March, with the pilot phase moving forward—linking facilities and testing. Contingent upon funding, GCPR will be alpha/beta tested in Alaska by June 2001. The GCPR group and Alaska representatives are working on telecommunications requirements, security issues, and reviewing the data flow framework. Noted that the project cost $40 million and funding is through the DOD and VA (Headquarters is contributing staff, but no money).

Follow-up required: Russ Pittman will make a recommendation to the NCEOs that the Areas implement an information management structure.

The group broke for lunch at 12 p.m., reconvening at 1:15 p.m.

CIO UPDATE **Dr. Richard Church**

Dr. Church distributed a legislation matrix to ISAC members for review. Highlight of discussions included:

<u>Legislative:</u>

- GPRA in regard to Clinger-Cohen—a plan is needed that will measure performance to tie into GPRA.

- Government Paperwork Elimination Act—OMB requirement that will take effect by 2003 which requires electronic interactions with the public; i.e., use of IT tools to access information. A workgroup is looking at how DHHS will accomplish this. Noted that Mitretek has put together a paper on suggested approaches.
- Clinger Cohen—ITIRB will be a part of this process and the key foundation is the IT infrastructure.
- A11—addresses budget documentation formation
- A130—addresses security
- Presidential Decision Directive 63—focuses on security of critical assets
- Americans for Disability Act—full access for employees to technology. This will affect interfacing with the public in regard to compliancy. Deals mainly with standards and providing an alternate text base (imbedded images and wording). Noted that a bill is pending in regard to not posting privacy act to data.
- Electronic Government—presidential memo in regard to doing more as an electronic government. This will depend on upcoming elections as well.
- Range Rules—part of Clinger-Cohen
- 1987 Computer Security Act—will see another act in either this congress or the next. Senator Horn has distributed a questionnaire for the next score card. The DHHS will combine responses and a hearing will be held on September 5 with a report card issued. A request was made to add hyperlinks to legislative information.

HHS Initiatives: more transition will be seen since this is an election year. A strong advocate for IT issues has been John Callahan, Chief of Information HHS, in regard to including issues in the budget process and Clinger-Cohen issues discussed by ISAC. Future initiatives will include GLA and how all agencies are managing their investments and draft policies for departmental ITIRB.

Recent discussions:

- Increased funding with each section needing to document processes
- Enterprise approach for business
- Licenses—offer made for 30,000
- SAS combining requirements, with expected savings up to $500,000
- Focus on legal requirements in regard to the budgeting process and how IT needs to be involved.

ITIRB: may meet before the end of the fiscal year to identify projects and plan the budget for the coming year. The board will look seriously at priorities to match work priorities and review project components, especially those that require new funding.

Budget Formulation: a presentation was made to the IHS Leadership Council. It is estimated that $250 million will be disbursed—$82 million at funding requirement over five years. Russ Pittman also presented information to the ELG, with a good response. For the current fiscal year, the original IT request was for $50 million, which was reduced to $2 million. For FY 2001, it is expected that the IT request will be between $4 to $4.5 million. The funding language, however, is confusing in regard to the breakdown as it is for both IT and the Epidemiology Center (Epidemiology is working on having the funding separated). The funding request submitted for FY 2002 was for $20 million, with $15 million for IT infrastructure and $5 million for Epidemiology; the budget has been presented to the budget review board and is under review. Noted that Ron Wood and Jaloo Zelonis are involved in the budget process on the national level.

Discussion of the Contingency Spending Plan. The spending plan goes back to the priorities and is only 45% funded. Ongoing items like maintenance need to considered as well as infrastructure. The break down is by benefit, with the totals divided among Headquarters/Director, Areas, and Service Units. Categories include business systems, security, staffing infrastructure, and CIO/IT leadership training.

Question regarding third-party collections. Russ Pittman will be meeting the week of August 28 to find ways to fund this if there is a proven return in investment. Noted that many Areas are suspicious of Headquarters in regard to money and documentation is needed to show how the money is being spent; clarified that the money is not being tapped and the percent noted for Headquarters/Director is still a benefit to the Service Unit.

Follow-up required: Dr. Church requested that ISAC draft a letter of support outlining the methodology for the $50 million funding level.

Additional discussions included:

- Medicare Payment Demonstration—will be a semi-capitated demonstration and is moving forward; no other details can be provided at this time as specifics are still being discussed.
- HCFA demonstration—will be for items not previously billed for.
- Medicare Bill—is at $82 million with an additional $50 million to be received to take away the burden for billing HCFA. $116 million will be received over the next five years.
- Satellite facilities—Medicare billing for this is being discussed
- OMB direct relations—there is no impact on the overall program.

FIVE-YEAR PLAN – ITA DISCUSSION   Russ Pittman

Discussion of the ITA Five-year Plan. The ITA Five-year Plan will align business requirements and assist the Chief Information Officer in planning future work. The plan will also meet the Clinger-Cohen strategic planning document need and related OMB requirements. ITA Workgroup members include representatives from IHS and Uniband. Shared guiding principles include:

- Support and maintain goals of IHS
- Seamless access to ITA for shared data
- Develop an ITA Project Methodology
- Adopt open systems infrastructure standards
- Treat data as an asset
- Use COTS/GOTS products, except when custom developed software is better
- Move toward web-based technology
- Use client server model for information sharing between servers
- Ensure security

Future RPMS developments were shared and will include the following for alignment with VA and COTS solutions:

- Full optimal billing capacity
- CPR system
- Meet regulatory issues—HIPPA and PKI
- Applications will communicate with each other
- Required bandwidth is needed
- Hardware will need to be able to change to handle increased workload, with no affects to the consumer
- Wireless communications will need to provide better point of care data entry

Noted comments: a definition is needed in the glossary for ISCs and ISAC and plan priorities should reflect ISAC's priorities and should support IHS's plan.

Follow-up required: ITA Five-year Plan endorsement is needed. ISAC members will review the plan and provide comments to Russ Pittman by August 31; the plan will be discussed at the ISAC teleconference on September 27.

CRITICAL INFRASTRUCTURE PROTECTION PLANNING PROCESS   Dr. Richard Church

Dr. Church provided an update on the Critical Infrastructure Protection Planning process since the May 23-24, 2000, meeting in Portland. A draft information packet has been compiled. ISAC members received a zip file which includes key Critical Infrastructure Protection Planning documents. Dick stated that under security implementation, local input is needed in regard to what will be carried out. Noted that a requirements checklist will be included (good reference in regard to HIPPA).

This issue will be discussed further on Wednesday, August 23, 2000. Mike Danielson will also develop recommendations which will be shared with the Director.

DISTANCE LEARNING SOFTWARE Russ Pittman

Russ Pittman reviewed the distance learning software that is currently available—twenty-five on-line technical sources. The software is web-based, except for UNIX, and is located on the Intranet. Licenses are available for 256 IT staff, with approximately 170 staff (not Headquarters) nationwide using the software. The plan is to expand the classes to 50, which would cost $24,000/year. The DHHS distance learning contract is with NetG. The cost per person is $37.00, with over 100 technical classes available. Another company, Skillsoft, has approximately 100 human resource classes available and costs $22.00 per person; an annual license with Skillsoft would cost $10,000 for the same number of technical staff.

Russ stated that he is concerned with hosting the distance learning software on the web portal on the Intranet—the license states that CDs can be made for those sites without bandwidth capability. IHS Employee Development is looking at using end-of-year monies to buy licenses; bandwidth, however, is an issue. Options include:

- Negotiate a separate contract—at a cost of $4.00 per person and host on individual servers
- Continue with the old contract, which is more expensive
- Have software available to IT only so it can be tried, with bandwidth monitored (limit time of day software can be used)

Russ stated that he is not concerned with purchasing the licenses and that more gateways would be better if it does not involve security. Firewall management would be completed by ITSC. The rules, however, limit what can be done on the Internet. ITSC really needs sites/facilities to decide what they want to do. It needs to be a local decision and responsibility to maintain bandwidth; ITSC does not want to become the "bandwidth cop." Going this route does not resolve the issue of gateway bottleneck. Comment made to consider multiple point broadcast technology which is more efficient. Noted that single point of entry is concern—benefit would be speed, but additional traffic.

This issue will be discussed further on Wednesday, August 23, 2000. A recommendation was made that Russ Pittman go with option three, IT only.

IT STAFFING MODEL FOR AREA OFFICES ISAC Co-Chair Keith Longie

Co-Chair Keith Longie shared that John Callahan is responsible for the Workforce Planning Model. The model is requiring a workforce planning activity for the agency and the project will be a year long. Booz, Allen Hamilton has been contracted to review staffing levels at Area offices and the field. Items that will be reviewed include current capabilities, competency, and succession planning. Two Areas, Phoenix and Aberdeen, have agreed to participate as test sites. Noted that an important item for ISAC is to define activities at Area offices as adequate staffing has been identified in priorities; but there have been complaints that some Areas invest in staff and some do not. Keith stated that he would like some additional Areas to participate. The following ISAC members volunteered their Areas—Mike Danielson, Floyd Dennis, and Roland Tanner. Keith will provide updates at future ISAC meetings. Dr. Church will also provide useful background information via an OPM document link.

PSG SUBGROUP REPORT Roland Tanner

Roland Tanner stated that there are currently 20 to 25 PSGs in various stages of existence; i.e., active or inactive (loss of leadership at Headquarters affects PSG activity). In addition, four more groups are trying to form PSGs. Each subcommittee is in various stages of success, with each working on establishing rules/templates to assist ITIRB and ISAC formulate priorities. Noted that some PSGs have either formal or informal procedures in place.

A request was made to establish another clinical PSG to include representatives who have direct relations with IRM and who are not already on a subcommittee. Noted that policies and operational procedures would be

needed for short and long-term goals, so that another group is not out there doing their "own thing." Discussion of the protocols in getting issues addressed and reasons to create new PSGs. Noted that "broad" categories need to be kept in mind. To assist those PSGs without a charter, a recommendation was made to develop a standard charter for their use.

Follow-up required: Co-Chair Keith Longie recommended that an ISAC member should be appointed to represent a subcommittee to bring issues to ISAC's attention. In addition, current PSGs will be reviewed for grouping the various applications; i.e., PSG roles in regard to executive, revenue, etc.

Wednesday, August 23, 2000

The meeting was called to order at 8:40 a.m.

ISAC RECOMMENDATIONS

Co-Chair Keith Longie reviewed the ISAC recommendation items needing descriptive policy language.

ISAC members broke into groups to brainstorm recommendation language from 8:45 a.m. to 9:45 a.m. The developed recommendations were reviewed later in the day.

TELEMEDICINE

Telemedicine-IHS *Russ Pittman*

In Mark Thomas's absence, Russ Pittman provided a summary of IHS's Telemedicine program. The IHS Telemedicine program falls into a void in regard to ownership among the facilities, biomedical, and telephone companies. There are currently 348 sites with network connections. Current work efforts include an inventory of telemedicine applications out there; i.e., teleradiology, teledermatology, etc. In addition, a survey was conducted at numerous sites two years ago and the previously gathered information is being updated.

Russ noted that Alaska has received the largest amount of funding for telemedicine through the Alaska Federal Health Care Access Network (AFHCAN). Another telemedicine group is AKAMAI, a research group based in Hawaii. AKAMAI is willing to share software with interested organizations.

Comment made that a national committee may be needed for telemedicine recommendations in regard to sharing services with other agencies and security issues. Noted that ISAC's role should be that of a coordinator to ensure an interdisciplinary approach—infrastructure and standards.

Telemedicine-AFHCAN *Tom Bohn*

Tom Bohn, Network Specialist from AFHCAN, was introduced to the group. Tom shared that AFHCAN is a multi-agency effort that includes IHS/tribal entities, DOD, VA, Coast Guard, and the Alaska Division of Public Health, Nursing section. AFHCAN staff have had a hard time coming to common ground with the various competing interests—integrating the system to meet all the multi-agency boundaries; i.e., not all the specialties are the same.

Highlight of discussions included:

- Approach—use commonly utilized clinical appliances and technology. The work station and software package integrate in a standard way. The software package was developed by AFHCAN staff and is standard based using web servers to transfer information between servers. Standard protocols are used, XML, which is the same as the AKAMAI project. One noted difference is that AKAMAI, now known as PEIC, is building a compiled software package—CD rom, executable shared libraries. While AFHCAN is using an interpreted software approach; i.e., modifiable which allows each agency to develop on module packages suited to meet their needs.
- Workstations—use computer digital otoscopes and dermatology scopes. There is an ECG function with a scanner attached, which enables the CHA to scan visual data and work visually with the patient The workstations are driven by a touch screen which makes use simple.

- Telecommunications—AFHCAN's Chief Technology Officer oversees the technology piece. Involved agencies were coordinated with to standardize infrastructures. Noted that Alaska's telecommunications are satellite based. AFHCAN staff are working on satellite-based wiring that will work for five years. In addition, some rural sites are developing their own infrastructures—dial up and wiring. AFHCAN's intent was store and forward technology based on dial up resources—build a centralized gateway to leverage resources already in development and facilitate competition between carriers to get better pricing.

    Noted that AFHCAN staff met once a month for eight months to develop a gateway plan. Equipment is stored at telecommunications data centers with cross connection via a circuit, interfacing with local exchange. Includes large router for high density terminations. Rural areas go with facilities based carriers.

- Obstacles—include interconnecting the agencies, a gateway located in Anchorage to cross carriers was finally agreed to and has been implemented; time, AFHCAN a year and a half into project and there has been no deployment yet (the big issue remains either video or store and forward); software bugs; and network management in regard to when funding runs out— problematic aspect.

- Other issues—reimbursement for store and forward technology.

Discussion of funding received by AFHCAN, original funding was for $30 million over four years. AFHCAN has received $15 million dollars for two years. Question if AFHCAN receives less money, is it possible to move forward with deployment. Less money would mean less partners. Other projects, however, that do not have a resource base can take advantage of AFHCAN's efforts by not reinventing the wheel. AFHCAN has not purchased site equipment yet as they are still working on coordination and development (Master Operating and Network Plans have been developed). Noted that AFHCAN is open source, standards based architecture, with codes available; the software kit is available at no charge (hardware costs less than 6,000).

Discussion of the National Library of Medicine (NLM) telemedicine project (AFHCAN replicated this project). The NLM project was deployed to 25 sites in the Dillingham, Bethel, Kotzebue, Nome, and Barrow areas. Data is available from this project.

For more information regarding AFHCAN, contact Tom Bohn at tbohn@afhcan.org. Mailing address is AFHCAN, 4201 Tudor Centre Drive, Suite 310, Anchorage, AK 99508.

ANMC TOUR / LUNCH

Committee members broke for an ANMC tour and lunch at 10:30 a.m., reconvening at 1:30 p.m.

RECOMMENDATION DEVELOPMENT

Review and discussion of the seven ISAC recommendations brainstormed earlier in the day.

Telecomm Internet Gateway Recommendation:

The ISAC recommends that the IHS maintain a limited number of justifiable gateways to the Internet. Currently, secured gateways exist at the Tucson Area, National Programs - Albuquerque, and HQE. Additional gateways can be added provided that they meet the security requirements, management needs, and provide cost benefits to the users. Additional gateways would be locally funded and managed (at the Area/SU/Tribe) and certified by DIR for security and architecture prior to activation and re-certified periodically.

In anticipation of future demand (telemedicine, video conferencing, voice over IP, etc.) a complete network analysis is recommended. This analysis will include the development of a telecommunications five-year plan and identify potential cost saving opportunities. Complete cost-benefit analysis should be done for each network change/expansion.

$82.2 Million Recommendation:

There are serious unmet needs within the national Information Technology infrastructure. Additional funding is needed to provide adequate information technology support to the I/T/U for quality healthcare, third-party reimbursements, congressional reporting and correcting deficiencies. The ISAC has reviewed, discussed, and supports the DIR proposed funding increase of $82.2 million over a five-year period in order to improve infrastructure, billing efforts, and patient care software.

Critical Infrastructure Protection (CIP) and Security Recommendations:

The ISAC endorses the planning approach initiated by the Critical Infrastructure Protection (CIP) team under the Chief Information Officer to address critical infrastructure protection issues. The plan will include outreach and awareness; the identification of critical Indian health assets; conducting vulnerability assessments; developing risk management plans; identifying needed equipment and software; testing and refinement; as well as other critical implementation issues. The elements of this approach include the following steps:

- o Identify IHS Information Systems Security Program Requirements
- o Develop IHS Information Systems Security Policy
- o Assign Roles and Responsibilities
- o Develop IHS Information Systems Security Program Components
- o Conduct Systems Security Assessment
- o Implement the Certification and Accreditation Program
- o Establish Security Monitoring Program
- o Implement IHS Information Systems Security Program Components

- The ISAC also recognizes the need for stakeholder participation and recommends specific involvement of technical and program management representation from across the I/T/U.

- The ISAC recognizes the need for consistent overall security policy guidance and recommends that a series of general security policies be developed. The policies developed should provide the flexibility to be adapted for use in health care programs operated by Tribal and Urban Indian organizations.

- The ISAC endorses and recommends an enterprise-wide approach to selecting, acquiring, and implementing key technologies. For example,
  - o A cost-benefit analysis should be conducted for the purpose of determining an enterprise approach to virus protection. This should include appropriate technical and program management input.
  - o A similar approach should be taken in the adoption of a public key infrastructure.
  - o Other technologies will require the same selection process

Use of Clearinghouse for Third-Party Billing Recommendation:

The ISAC recommends the use of commercial clearinghouses and electronic lock boxes to streamline the business process:

1. Given the existence of a national contract with Envoy and their proven capability to function as a clearinghouse, the ITSC should focus its efforts on completing the integration and implementation of Envoy's electronic solution in the immediate future.

2. An acceptable IHS-Envoy solution would employ a point-to-point network-based architecture that integrates seamlessly with the existing RPMS Business Office applications for eligibility verification, claims submission and electronic posting of remittance advices.

3. As interfaces already exist with PNC Bank's lock box services for the receipt and documentation of electronic deposits, the ISAC endorses and encourages the use of PNC Bank electronic lock boxes for all facilities.

PSG Template Recommendation:

PSG - Professional Specialty Group; advisory board that recommends software improvement, training programs and other technical aspects to the ITSC on needs.

Problem: A formal process for PSG's to communicate with the ISAC committee does not exist. ISAC recognizes that Professional Specialty Groups are an integral part of the process. The PSG's are critical because they provide the voice for end users.

Recommendation:

Item 11 in the Charter for ISAC states "The ISAC Co-Chairs will jointly establish meeting agendas. Issue papers should be submitted for consideration on the agenda in the format of background; issues/alternatives; financial costs, benefits, impacts; and recommendations. Agendas will be distributed to ISAC members at least 15 working days prior to the meeting."

1. PSGs submitting recommendations must demonstrate how the issue is related to the established ISAC priorities or why it should be considered as a priority for the following year.
2. Recommendations must be submitted to an ISAC member 30 days prior to the regularly scheduled ISAC meeting in order to be brought forward to the ISAC Co-Chairpersons for inclusion on the ISAC agenda.
3. ISAC will annually survey PSG's regarding determination of ISAC priorities.
4. Routine operational data or technology issues shall be coordinated through the Information Technology Service Center. However, if the issues are of a policy nature and have not been resolved through the ITSC, the issue may be considered by the ISAC.
5. ISAC meetings are open and welcome to visitors. However, ISAC may invite members of a PSG to make a presentation on issues.
6. The ISAC will reply to all PSG issues that have been considered by the ISAC. A written reply will be submitted to the PSG. Minutes of meetings are posted on the Indian Health Service ISAC Web Page.
7. The ISAC also recommends that the Indian Health Service circular regarding PSGs be reviewed and revised.

Information Management (IM) Committee Recommendation:

The ISAC recommends that all Service Units and Areas have in existence an Information Management (IM) committee, comprised of clinical, technical and administrative representatives, to discuss and make recommendations on information systems issues in support of I/T/U health programs.

The Telemedicine recommendation was tabled until the next ISAC meeting.

ISAC ANNUAL WORKPLAN

Discussion of the need for an ISAC work plan. Consensus by ISAC members that ISAC needs to track on an annual basis what has been accomplished, future directions, and forecast future workloads. Co-Chair Keith Longie drafted an ISAC work plan using ELG's work plan as a template (noted that it took the ELG five years to arrive at a two-page document). Agreed that the ISAC Charter's nine elements will be used as a basis for the work plan.

Review and discussion of what should be documented under the Charter's nine key elements:

A. *Advise the Indian Health Service Director on direction, priorities, and resource allocation for information systems* . . . include in the work plan when each item will be conducted
B. *Annually prioritize key issues* . . . include in the work plan when each item will be conducted
C. *Develop an open process, relationship, and environment* . . . add a subcommittee?
D. *Develop a process for working cooperatively with states and federal agencies* . . . add a subcommittee?
E. *Provide advocacy and support for IHS, Tribal and Urban information resource management partnerships*— communication

    F.   *Coordinate the development of standards data sets . . .* coordination
    G.   *Establish and appoint ad-hoc technical workgroups . . .* form ad-hoc workgroups
    H.   *Communicate and report to all I/T/U constituents . . .* to be done by ISAC
    I.   *Advocate for resources for needed information systems . . .* attend budget sessions to advocate?

Discussion of data quality—core data set, basic pieces to report on Indian health. Recommendation made that a workgroup should be formed for the data center, tribal, and IHS to start working on statistical data that needs to be submitted to Congress. Comment made to refine wording in letter F of the Charter (*Coordinate the development of standards data sets . . .)*; noted that it is a priority that this workgroup be formed.

Follow-up required: Co-Chair Keith Longie will incorporate the Charter elements into the work plan he drafted. The revised draft will be distributed to members for review, with the final draft completed by the end of the fiscal year.

ISAC STRATEGIC PLAN

Discussion of the Strategic Plan process which was started in October 1999 through a survey; the survey, however, needs to be revisited to get feedback. Noted that the NCEO wanted input into ISAC's priorities.

The agreed upon process for sharing priorities with Dr. Church and Russ Pittman is as follows:

- Priorities will be listed out specifically by quarter
- Rankings will be finalized for DIR
- The plan will coordinate with the budget formulation process, which begins in January

Consensus by all the ISAC members that for FY 2001, ITSC will stay with the current goals and objectives using the current rankings. Discussion of item 11, data quality—not the highest item. Noted that data quality is built into the other aspects.

Follow-up required: ISAC will complete a year-end report by the end of the third quarter, listing accomplishments for the year and next fiscal year's work. The report will be finalized based upon input received.

PLANNING FOR NEXT MEETING

The next face-to-face ISAC meeting location will be San Francisco, California, November 8-9, 2000, with the following meeting held in Albuquerque, New Mexico, February 13-14, 2001. Noted agenda item for the November meeting—survey instrument.

Positives:
- In Alaska
- Accomplishments/recommendations
- Time set aside to do work
- Less Russ presentation
- Better concentration on items/small groups to focus on tasks
- Excellent facility, good meeting and location

- Better understanding of items
- Know ground rules
- Good meeting, impressed with hospital
- Excellent opportunity to see hospital
- No Macs
- Impressed with patient care at hospital

Deltas:
- Need casino
- Do not schedule Dr. Church after lunch
- Toys don't work!
- More ISAC member presentations

- Have read aheads a little earlier
- Interactive presentation after lunch
- Time change
- No residual issue

Other items: an Indian Telecommunication workshop will be held in Minneapolis, Minnesota, September 24-28, 2000. For more information visit www.fcc.gov/indians. A HCFA meeting will be held in Denver, Colorado, September 6-7, 2000.

Noted that ISAC conference calls are held on the fourth Wednesday of each month. Russ Pittman will set-up the teleconference bridge number each month instead of Don Kashevaroff.

Follow-up required: Co-Chairs Keith Longie and Don Kashevaroff will work on the replacement for Pat Knox and will also check on Dawn McCusker's participation in future meetings.

The meeting adjourned at approximately 4:30 p.m.